Exhibit 74

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND

STATE OF NEW YORK, et al.

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official capacity as SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al.,

Defendants.

Case No. 1:25-cv-196

DECLARATION OF GORDON SLOSS

I, Gordon Sloss, declare under the penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct:

1. I am the Program Manager of the California Tobacco Prevention Program (CTPP) at the California Department of Public Health (CDPH). I have personal knowledge of the facts set forth in this declaration, and if required to testify, would and could competently do so.

2. Since April 2022, I have served at CDPH as a Program Manager. In this role, I oversee and support California's Tobacco Prevention Program. Prior to this role, I served as the CTPP Assistant Program Manager and the Assistant Division Chief for Chronic Disease and Injury Control. I have worked at CDPH since September 2015.

3. Prior to my time at CDPH, I worked at the Department of Health Care Services (DHCS) in the Office of the Medical Director overseeing the administration of federal grant programs, including the Delivery System Reform Incentive Pool, a quality improvement initiative for public hospitals funded by the Centers for Medicare and Medicaid Services (CMS), and the Medi-Cal Incentives to Quit Smoking demonstration project funded by the Centers for

Medicare and Medicaid Innovation through the Medicaid Incentives for the Prevention of Chronic Diseases program.

4. I received an undergraduate degree from the University of California Santa Barbara in 1989 and a Master of Public Administration degree from Golden Gate University in 2009.

5. I submit this Declaration in support of the States' Motion for a Preliminary Injunction.

Background on CDPH and California Tobacco Prevention Program

6. CDPH's mission is to protect public health and shape positive health outcomes for individuals, families and communities in California. CTPP began in 1989 and aims to improve the health of all Californians by reducing illness and premature death attributable to the use of tobacco products.

7. CDPH furthers its mission through a cooperative agreement with the Centers for Disease Control and Prevention (CDC) Office on Smoking and Health (OSH) as part of the National and State Tobacco Control Program (NTCP).

8. CDC is the only federal agency that provides funding to help support all 50 states, the District of Columbia, 8 United States territories, and 28 tribes/tribal organizations for tobacco control and prevention efforts. OSH has provided critical infrastructure, technical assistance, and media placement to support tobacco cessation through the Tips From Former Smokers© (TIPS) campaign, as well as other tobacco control issues, in the face of a highly organized, sophisticated, and well-resourced industry that costs California and the United States billions of dollars in healthcare costs each year because of its deadly and addictive products.

9. Beginning in 2020, through its CDC-OSH cooperative agreement, CDPH received an annual budget of $3,552,129 each budget year ending April 28, 2025.

10. California has leveraged CDC-OSH funding to advance tobacco control program strategies. California utilizes this funding to augment state infrastructure through 13.5 Full Time Equivalent employees dedicated to reducing the death and disease attributable to tobacco use.

11. Funding for the current budget year beginning April 29, 2025, was not awarded by CDC. Instead, a no-cost extension through October 29, 2025, was released. CDC has provided no communication regarding current or future funding for NCTP.

12. In addition to its cooperative agreement with CDC-OSH, CDPH has relied on the Food and Drug Administration's (FDA) Center for Tobacco Products (CTP) to advance successful smoking and vaping prevention media campaigns.

13. CTP educates the public about the risks of tobacco use including the dangers of e-cigarettes and other tobacco products. CTP has been administered by the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), within CDC.

14. It is my understanding and belief that as a result of the massive reduction in force (RIF) across the United States Department of Health and Human Services, OSH was effectively eliminated, and CTP lost key staff as well.

15. I am providing this declaration to explain the impacts on California and CDPH of the RIF in OSH and CTP, since April 1, 2025.

16. Prior to April 1, 2025, CDPH regularly relied on CDC staff for many aspects of the day-to-day operation of the NTCP. However, since April 1, 2025, CDPH has seen significant cutbacks to the operations of the CDC.

17. Specifically, our state's primary point of contact at OSH, Ms. Mackenzie Collins, Federal Program Officer, is no longer available to be contacted regarding the NTCP. CDPH has not been able to receive answers or guidance regarding technical assistance for the implementation of our cooperative agreement.

18. Without CDC's staff, resources, and expertise, CDPH's capacity to achieve its tobacco prevention and control goals will be severely reduced. CDPH and CTPP's access to comprehensive tobacco prevention and control program best practices from the federal government will end.

19. CDPH will have reduced capacity to develop and maintain the partnerships necessary to effectively support treatment of tobacco and nicotine use and dependence, and provide guidance to parents, schools, and community organizations, including tribal communities, to reduce youth uptake of tobacco products. Additionally, CDPH will have reduced capacity to provide technical assistance, including developing educational materials, and trainings for local health jurisdictions implementing tobacco cessation programs. CDPH will have reduced capacity to promote changes in health care facilities to encourage and support treatment for tobacco use and dependence. California's tobacco cessation services will be significantly reduced. The RIF will also diminish the state's evaluation and surveillance efforts and the tobacco and nicotine prevention and cessation media campaigns.

Tobacco Cessation Programming in California

20. California relies on OSH to support California's tobacco and nicotine quit line, Kick It California (KIC), which provides free cessation services for people addicted to tobacco and nicotine products.

21. I estimate that, with the virtual elimination of OSH and the essential technical assistance and funding it provides, KIC's capacity for client intake will be reduced by ten percent.

22. Moreover, the following life-saving services provided by KIC will be severely reduced or eliminated entirely: provision of nicotine replacement therapy (NRT), adequate staffing for the KIC quit line, and partnerships with healthcare systems to refer patients to KIC for evidence-based treatment.

23. In addition, California will cancel or curtail planned technological upgrades to KIC to increase useability and accessibility, including adapting online services to support additional languages, and implementing digital-based technologies such as text and/or web services.

24. The RIF will also result in the reduction or termination of culturally competent trainings for healthcare providers to better serve and provide cessation information and referral options to tribal clinics, school clinics, county oral health programs, and organizations focused on underserved communities.

25. Without OSH, the national Asian Smokers' Quitline (ASQ), operated by KIC, will cease its operations. ASQ provides counseling and tobacco medications to tobacco users who are trying to quit. Services are offered in four languages (Cantonese, Mandarin, Korean and Vietnamese).

26. Furthermore, the RIF will harm CDPH's ability to collect, monitor, analyze, and disseminate data on use of quitline services. As a result, CDPH will not have access to adequate information to tailor programming and outreach by population characteristics. California's ability

to submit intake and services data to the National Quitline Data Warehouse will be greatly reduced.

27. CDPH is unable to maintain the same level of tobacco cessation programming without OSH's support.

Evaluation and Surveillance of Tobacco Cessation Efforts Through Data

28. The loss of OSH will hinder the development of data collection instruments to be used by local partners and the dissemination of local and statewide surveillance and evaluation of findings through peer-reviewed publications, reports, and fact sheets. Without OSH, California will lose the ability to evaluate the impact of California's state flavors law (California State Senate Bill 793, 2020), including developing reports and disseminating data.

29. Prior to the RIF, CDC-OSH developed national surveillance surveys, such as the National Youth Tobacco Survey (NYTS), but access to this national comparison data will likely end. CDPH has frequently relied on the NYTS to inform its work. National comparison data, like the NYTS results, are necessary to provide a perspective on California's performance in tobacco use prevention, as well as identifying new trends in tobacco use and behaviors, and informing policy decisions. California has also used national data as the basis for performance benchmarks to evaluate the impact of the state's policies and intervention work.

30. CDC-OSH provided weekly highlights of tobacco control work throughout the country, known as the Weekly Dose. This has been an effective method of communicating and disseminating new publications and webinars, as well as a place for peer discussion and data sharing between and among states. The discontinuation of the OSH Weekly Dose has hampered the sharing of information dissemination of innovation, which has hampered California's ability to learn and stay up to date about lessons and data from outside California.

31. As part of OSH, Philip Rosenbaum, ORISE Fellow, provided guidance on evaluation deliverables, and information sharing for surveillance tools, such as the OSH Disparity Dashboard, and the Behavioral Risk Factor and Surveillance System (BRFSS).

32. Without OSH, CDPH's capacity to sustain its data collection and evaluation efforts will be reduced. The RIF will also eliminate CDPH's ability to compare its health surveillance data to any national data, as CDPH will be unable to replicate OSH's national surveillance surveys.

National Coordination of Media, Communications, and Anti-tobacco Campaigns

33. The RIF in OSH and CTP would dramatically impair effective media campaigns targeting tobacco and nicotine prevention.

34. The loss of OSH will lead to the elimination of over half of the state's cessation service promotions to adult Californians addicted to tobacco and nicotine products. For the last 14 years, Californian adults who are addicted to tobacco and nicotine products were able to receive the promotion of free services year-round to help them quit smoking with the CDC TIPS campaign running for six to eight months of the year, and the CDPH cessation campaign running in the off months. This has created sustained effective messaging promoting free cessation services. These cessation campaigns are critical counter-marketing to the tobacco industry, which spends over $1 million per day on marketing in California to attract young people to start using tobacco, and to keep them addicted to their deadly products. The RIF will substantially alter the quantity and quality of messaging Californians receive about the dangers of tobacco and nicotine use.

34. The RIF in CTP may also significantly impact the youth tobacco and nicotine prevention media campaigns in California. California youth benefitted immensely from CTP's

steady media support that has aired for 10 years to help prevent youth initiation to tobacco. For the past ten years, CTP's youth tobacco prevention campaign, "The Real Cost," has aired on television, streaming platforms, and on social media in California. Research shows that "The Real Cost" prevented up to 587,000 youth ages eleven to nineteen nationally to not take up tobacco products. Half of these youth would have become adult smokers without the CTP's media campaign. The campaign saved $180 for every dollar spent on the effort in its first two years, totaling more than $53 billion in reduced smoking-related costs like early loss of life, costly medical care, lost wages, lower productivity and increased disability.

35. Additionally, the RIF will cause California to lose access to other states' evidenced-based tobacco prevention and control messaging. The CDC's Media Campaign Resource Center (MCRC) held a collection of researched and evidence-based tobacco control ads made available to other states at low or no cost. Research and production are both time consuming and costly, so this was a turn-key way for states to invest most of their media funds in media placement. Although California has borrowed ads from MCRC that were difficult or costly to make, CTPP was also the largest ongoing contributor of ads to MCRC, and shared ads addressing emerging products and issues. MCRC contracted experts in talent rights, video editing, and other advertising expertise to make high quality media assets easier to access and place for states with limited budgets and resources.

36. California will not be able to replace the massive void left by CDC-OSH and CTP and the national campaign partnerships established through OSH's and CTP's work.

37. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

EXECUTED on May 15, 2025 in Sacramento, California.

Gordon Sloss
Program Manager
California Tobacco Prevention Program
California Department of Public Health